

Montana Advance Directive

For office use only

1712 Ninth Avenue, PO Box 201410, Helena, MT 59620-1410 • Phone: (406) 444-0660 or (866) 675-3314 • E-mail: endofliferegistry@mt.gov

If I should have an incurable or irreversible condition that, without the administration of life-sustaining treatment, will in the opinion of my attending physician cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician or attending advanced practice registered nurse to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, in accordance with the Montana Rights of the Terminally Ill Act.

Other directions:

Name:

Signature Printed Name

Signed this _____ day of _____, 20____

Address: _____

Witnesses: The person who signed above did so voluntarily in my presence.

Witness: _____
Signature Printed Name

Address: _____

Witness: _____
Signature Printed Name

Address: _____